FORM DR-2

(Rev. 01/98)

DISCLOSURE

REPORT

## DISCLOSURE SUMMARY PAGEOMAY 18 AMII: 19

For Office Use Only Comm. # COMMITTEE NAME (Must be same as on Statement of Organization) Indexed Oldson for State Representative Audited IMPORTANT: Indicate type of committee you are reporting for: Computer (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate 5 )County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee 8 )Support State of Candidates 515-255-2805 SIGNATURE OF TREASURER (or person filing this report) **TELEPHONE** Routine Penalties Due For Late Filed Reports Range from \$20 to \$800 SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE: may 14, 2010 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.

(report date) Local Committees, enter Date of Election ☐CHECK IF AMENDMENT TO REPORT DATED \_\_\_ County & Local Committees, enter County in ☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. which Election is held (You must continue to file reports until a Notice of Dissolution is filed.) STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) .....\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A)..... Schedule F: Loans Received total (Attach Schedule F)..... Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) SUB-TOTAL.....\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule F: Loan Repayments total (Attach Schedule\*).....

UNPAID BILLS (From Schedule D - Attach Schedule D) ......\$ IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....\$ OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$ **CANDIDATE COMMITTEES ONLY:** 

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

**CONSULTANT BREAKDOWN (Schedule G Attached?)** 

CASH ON HAND at the end of this reporting period (if final report, balance must

\_\_\_ YES \_\_\_\_ NO

For Instructions, See Back of Form

## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

| COMMITTEE NAME | (Must be | same as on Sta | atement of Organization) |
|----------------|----------|----------------|--------------------------|
| Oldson         | for      | State          | Representative           |

| SCHEDULE<br><b>A</b><br>(Rev. 06/97) | MONETARY<br>RECEIPTS |  |  |
|--------------------------------------|----------------------|--|--|
| CHECK THIS BOX IF AMENDING FORM      |                      |  |  |

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE<br>RECEIVED<br>(MM/DD/YR) | PAC ID NUMBER<br>(if applicable)<br>AND PAC CHECK<br>NUMBER | NAME AND ADDRESS OF CONTRIBUTOR  | RELATIONSHIP<br>TO CANDIDATE*<br>(if applicable) | AMOUNT<br>RECEIVED | √ IF FOR<br>FUND-<br>RAISER<br>INCOME |
|--------------------------------|---|--|--|--------------------|---------------------------------------|
| 1/5/10                         | ID# 6058<br>CK# 461   | Town Chiroproctic PAC<br>100 E. Grand<br>DSM 50309                           |  | \$ 100.00          |                                       |
| 1/5/10                         | CK# 3430  | Dom 50309  Ta. Committee of AutoRetailers  1111 Office Park RA  WOM IA 50265 |  | 200.00             |                                       |
| 1/5/10                         | ID#<br>CK#  | Gary Slater<br>3303 E. University<br>DSM #A 50317                            |  | 100-00             |                                       |
| 1/2/10                         | ID# 6/25<br>CK#<br>1022                                     | IOWN Realters PAC<br>1370 NW 114th<br>Clive IA 50325                         |  | 500.00             |                                       |
| 1/2/10                         | ID# 6378<br>CK# 2163  | I-VET PAC<br>1605 N. Ankeny Blvd.<br>Ankeny 50021                            |  | 1000.00            |                                       |
| 1/8/10                         | ID# 6082<br>CK# 1496  | Ankeny 50021 Mid American Energy AC Colo Grand DSM 50303                     |  | 600.00             |                                       |
| 1/9/10                         | ID# 6027<br>CK# 2823  | Deere PAC Iowa 666 Grand DSM 50309   |  | 1000.00            |                                       |
| 4/29/10                        | <sup>Ю#</sup> 8429<br>Ск# 3982                              | PCIPAC<br>2600 South River Rd.<br>Nes Plaines IL 60018                       |  | 150.00             |                                       |
|                                | ID#<br>CK#  |  |  |                    |                                       |
|                                | ID#<br>CK#  |  |  |                    |                                       |
| ·                              |   |  | SUB-TOTAL  |                    |                                       |

TOTAL (if last page of this schedule) \$ 3/050

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

| SCHEDULE<br><b>B</b><br>(Rev. 09/97) | MONETARY<br>EXPENDITURES |  |  |  |
|--------------------------------------|--------------------------|--|--|--|
| CHECK THIS BOX IF AMENDING FORM      |                          |  |  |  |

| Oldso                          | in for 5   | tate Representativ   | <b>~</b> 5                        |                    |
|--------------------------------|--|--|-----------------------------------|--------------------|
| DATE<br>EXPENDED<br>(MM/DD/YR) | CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS TO WHOM<br>EXPENDITURE<br>(Disbursement) WAS MADE | PURPOSE<br>(DESCRIBE TRANSACTION) | AMOUNT<br>EXPENDED |
| 2/8/10                         | ID#<br>CK# 3230  | Iowa Democratic Party<br>5661 Fleur Dr.<br>DSM IA 50321            |                                   | \$ 1000-00         |
| 2/8/10                         | CK# 3231   | Truman Fund<br>5661 Fleur Dr.<br>DSM IA 50321                      | Contribution                      | 5000.00            |
|                                | ID#<br>CK#   |  |                                   |                    |
|                                | ID#<br>CK#   |  | •                                 |                    |
|                                | ID#<br>CK#   |  |                                   |                    |

| THIS BOX A | PPLIES TO CANDIDATES' | COMMITTEES ONL | Y: |
|------------|-----------------------|----------------|----|

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

| Page | 1 | of |  |
|------|---|----|--|
|------|---|----|--|

SUB-TOTAL

TOTAL (if last page of this schedule)

6000.00